



ASSOCIATION OF HOSPITAL SUPPLY & PURCHASING OFFICERS (Incorporated)

ABN 82 958 634 724

Membership Officer: Aldo Santo
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Postal Address: C/- Supply Dept'
Wonthaggi Hospital
Graham St
Wonthaggi, Vic 3995.

APPLICATION FOR MEMBERSHIP
PLEASE USE CAPITAL LETTERS, CIRCLE OR TICK WHERE REQUIRED

I, Surname Christian Names Preferred Title Ms/ Miss/Mrs/ Mr

wish to become a: [] Full member [] Associate Member [] Affiliate Member of the above Association and in the event of my admission, I agree to be bound by the Rules of the Association for the time being in force.

Signature of Applicant: Date: / /

Present Position:

Length of time this position held:

Employers Name:

Employers Address: P/code

Preferred Mailing Address: P/code

Telephone: Bus. () Ext: Mobile No:

Facsimile No: () E:mail

- Current Membership Rates are Full Member \$60, Associate Member \$60 & Affiliate Member \$60.
AHSPPO is not registered for GST, therefore there is NO GST component in the above price
A cheque for \$70 comprising your 1st years membership as per rule 5(1) must accompany this form.
If approved you will be sent a Certificate of Membership, AHSPPO Badge and copies of the AHSPPO Constitution, Code of Ethics and Discrimination and Harassment Policy.

NOMINATION

I, an AHSPPO Member (NOT Associate or Affiliate) of the Association, nominate the above applicant for membership to the Association.

Signature of Nominator: M/ship No: Date: / /

APPLICATION WAS: Approved [] Not Approved []

Signed: Date: / / COMMENTS:

(President)

Membership Officer: Payment Received Yes/No \$: Membership Number [] Certificate [] Badge []
Code of Ethics [] Discrimination & Harassment Policy [] AHSPPO Constitution: sent / /